

SUPPLEMENTAL APPLICATION DATA SHEET

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SEP 16 2005

APPLICATION INFORMATION

Application Number::	Unknown
Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	PHOTOACTIVATED ANTI-VIRAL AND ANTI-CANCER AGENT
Attorney Docket Number::	290.0053 0101
Small Entity?::	YES
Licensed US Govt. Agency::	<u>National Institutes of Health</u>
Contract or Grant Numbers::	<u>GM56279</u>

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Harry
Family Name:: MORRISON
City of Residence:: West Lafayette
State or Province of Residence:: Indiana
Country of Residence:: US
Street of Mailing Address:: 2844 Henderson Avenue
City of Mailing Address:: West Lafayette
State or Province of Mailing Address:: Indiana
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 47906

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: BR
Status:: FULL CAPACITY
Given Name:: Elton
Family Name:: MENON
City of Residence:: Mason
State or Province of Residence:: Ohio
Country of Residence:: US
Street of Mailing Address:: 4075 Fox Hollow Court
City of Mailing Address:: Mason
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 45040

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Sri Lanka
Status:: FULL CAPACITY
Given Name:: Devanesan
Family Name:: LOGANATHAN
City of Residence:: West Lafayette
State or Province of Residence:: Indiana
Country of Residence:: US
Street of Mailing Address:: 560 Oval Drive
City of Mailing Address:: West Lafayette
State or Province of Mailing Address:: Indiana
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 47906

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Taj
Family Name:: MOHAMMAD
City of Residence:: West Lafayette
State or Province of Residence:: Indiana
Country of Residence:: US
Street of Mailing Address:: 2224 Sandpiper Ct. So.
City of Mailing Address:: West Lafayette
State or Province of Mailing Address:: Indiana
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 47906

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Venezuela
Status:: FULL CAPACITY
Given Name:: Maribel
Middle Name:: Coromoto
Family Name:: NAVARRO ACOSTA
City of Residence:: San Antonio de los Altos
State or Province of Residence:: Miranda
Country of Residence:: Venezuela
Street of Mailing Address:: Urbanizacion San Juan Casa No. 20P
City of Mailing Address:: San Antonio de los Altos
State or Province of Mailing Address:: Miranda
Country of Mailing Address:: Venezuela
Postal or Zip Code of Mailing Address:: 20P

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: US
Status:: FULL CAPACITY
Given Name:: Mark
Middle Name:: A.
Family Name:: Billadeau
City of Residence:: Knoxville
State or Province of Residence:: Maryland
Country of Residence:: US
Street of Mailing Address:: 826 Valley Road
City of Mailing Address:: Knoxville
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 21758

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US 2003/024096	08/01/03
PCT/US 2003/024096	119(e) of	60/400,262	08/01/02

FOREIGN PRIORITY INFORMATION

ASSIGNMENT INFORMATION

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